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Introduction

The main differences between **psychiatry, psychology, and therapy** come down to education, treatment approach, and whether they can prescribe medication. Here's a breakdown:

1. **Psychiatry (Medical Specialty)**
   - **Who?** Psychiatrists (MD)
   - **Education:** Medical school + residency in psychiatry
   - **What they do:**
     - Diagnose and treat mental illnesses
     - Prescribe medications
     - Provide some therapy (but mainly focus on medication management)
   - **Best for:** Severe mental health conditions (e.g., schizophrenia, bipolar disorder, major depression)
2. **Psychology (Scientific Study of Behavior & Mind)**
   - **Who?** Psychologists (PhD or PsyD)
   - **Education:** Doctorate in psychology + clinical training
   - **What they do:**
     - Provide psychotherapy (talk therapy)
     - Conduct psychological testing & assessments
     - Research and teach in academic settings
   - **Best for:** Diagnosing mental health conditions, therapy, and behavioral interventions
3. **Therapy (Psychotherapy or Counseling)**
   - **Who?** Therapists, Counselors, Social Workers (LCSW, LMFT, etc.)
   - **Education:** Master's degree in counseling, social work, or a related field
   - **What they do:**
     - Provide talk therapy for emotional and behavioral issues
     - Help with stress, relationships, trauma, and coping strategies
     - Do not prescribe medication
   - **Best for:** General mental health support, life transitions, and relationship issues

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Summary:

- **Psychiatrists** prescribe meds & treat severe disorders.
- **Psychologists** do therapy & assessments but don't prescribe meds.
- **Therapists/Counselors** focus on talk therapy & emotional support.

Key Difference

- A **psychological assessment** is a **deep dive** into a person's thinking, behavior, and abilities. It includes **tests** (like IQ or personality tests) and takes more time. Used for **learning issues, personality analysis, or brain function tests**.
- A **psych evaluation** is a **quick check-up** for mental health. It's mostly an **interview** to diagnose mental conditions (like depression or anxiety) and decide on treatment, usually done by a **psychiatrist**.

Think of it like this:
🧠 **Psychological assessment** = Detailed test for deep understanding.
🩺 **Psych evaluation** = Quick check to diagnose and treat.

The difference between an **NP (Nurse Practitioner)** and a **PMHNP (Psychiatric-Mental Health Nurse Practitioner)** is their **specialization**:

- **NP (Nurse Practitioner)** – A general term for **any** advanced practice nurse who can diagnose, treat, and prescribe medication. NPs can specialize in areas like **family health (FNP), pediatrics (PNP), or acute care (ACNP)**.
- **PMHNP (Psychiatric-Mental Health Nurse Practitioner)** – A **type** of NP who specializes in **mental health**. They diagnose and treat **psychiatric disorders** (like depression, anxiety, and schizophrenia) and can **prescribe psychiatric medications**.

So, **all PMHNPs are NPs, but not all NPs are PMHNPs.** A PMHNP focuses **only on mental health**, while a general NP may work in many different medical fields.

PMHNPs specialize in mental health care, while general NPs can work in a variety of medical areas. However, depending on their training, licensure, and state regulations, general NPs **can** prescribe psychiatric medications — though they may not have the same depth of mental health expertise as a PMHNP.

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FYI:

"We are a psychiatry office, not a psychology practice. Our primary focus is psychiatric evaluations for medication management."

1- Who are we? What is the nature of our work?

- **Advanced Psychiatry Associates is a private, full-service psychiatric facility providing "outpatient" mental health services, including medication management, therapy and counseling. Dr. Soliman started his practice in the 2000s & we have 15 locations in California.**

2- What is Dr. Soliman's title and Dr/ Abeer's?

- **Dr. Soliman is the medical director, and Dr. Abeer is the CEO.**

- If someone calls, please clarify that Dr. Soliman is not accepting new patients, but this doesn't mean that he doesn't see patients at all.

Most of our new patients are coming in through the call queue. When they call, they are first asked for their first and last name, along with their phone number, which is then posted in the intake group. After that, the call is transferred to the intake team.

The intake agent asks whether the patient is seeking therapy or psychiatry. Since our primary focus is psychiatry**, We offer the psychiatric evaluation to the patient to let them know that this initial visit is meant for diagnosis. This helps determine the appropriate treatment plan, including whether medication management is needed.**

If the patient is specifically looking for talk therapy, we check which therapists are currently accepting new patients. We then email the therapist to see if they're able to take the case, depending on the patient's condition.

- Then, the intake agent will collect the patient's information and send it to the billing department via the "Check Insurance/Co-Pay" group to verify if the insurance is active and accepted with us.

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Example format:

- **Insurance Type:** UHC
- **Insurance ID:** 921964925
- **First Name:** Ryan
- **Last Name:** Marder
- **Date of Birth:** 05/30/1991

- **On a side note, the intake agent also gathers all the necessary information to create the patient chart in Advanced-MD PM.**

This includes:

- **Date of Birth:** 09/18/1991
- **Insurance Type:** Medicare
- **Insurance ID Number:** 4e12-av4-Pn29
- **First Name:** Ashley P
- **Last Name:** Brown
- **Cell Phone:** 818-631-4457
- **Address:** 8437 Tobias Ave, CA 91402
- **Email:** Dolisateangeil89@gmail.com

- **After verifying that the insurance is active and accepted with us, we proceed to schedule the appointment for the patient in Advanced-MD PM.**

💡 **Trainer Tip: "*Walk them through the process of adding a new patient in Advanced-MD PM"***

We also register the patient on the patient portal so that we can send them the intake forms to complete prior to their visit.

- If the patient doesn't have an email, we can send the intake forms through Klara instead, ensuring they still receive all necessary paperwork before their appointment.

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We have **four methods** through which patients can sign their intake forms:

- **Advanced-MD Patient Portal –** A notification is sent via email, allowing the patient to log in and complete the forms online.
- **Klara (Text Message) –** The patient receives a link via text message, which opens Klara where they can fill out and submit the intake forms.
- **In-Person at the Office –** The patient can visit the office and complete the intake forms on-site.
- **Mail –** We can mail the forms to the patient's address **(Becky)**. After signing, the patient should mail the forms back to us using their own stamps and envelopes. Alternatively, they can take a clear photo of the signed forms and send it to us via email or text message.

💡 Trainer Tip:

"Walk them through the Patient Portal setup. Make sure they understand how to navigate it, then have them review the office policy and acknowledge the Financial Agreement."

📄 Required Intake Forms (Total: 5)

Every new patient must complete the following five intake forms before their initial appointment:

1. **Policy Agreement**
   Outlines the clinic's terms, privacy practices, and patient responsibilities.
2. **GAD-7 (Generalized Anxiety Disorder scale)**
   A brief screening tool used to assess anxiety symptoms.
3. **PHQ-9 (Patient Health Questionnaire)**
   A standard tool used to screen and measure the severity of depression.
4. **ADHD Self-Report Scale (ASRS)**
   A quick self-screening form to help identify symptoms related to ADHD.
5. **New Patient Packet**
   Covers the patient's reason for visit, treatment history, current medications, allergies, symptoms, family mental health history, and substance use. Also includes patient/guardian signature and date.

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Requesting Medical Records – Protocol

If a patient requests their last session note, progress note, or office visit note (OVN), please note that these are considered **medical records**. Per HIPAA regulations, we **do not release any medical records directly**. Instead, we forward the request to our Medical Records Clerk, **Becky Cha (Folsom Office Manager)**.

Steps to follow:

1. **Email Becky** with the full details of the request.
2. If the request is being made by an **attorney**, be sure to include:
    - Attorney's full name
    - Fax number
    - Patient's full name
    - Patient ID number

<u>Becky's process:</u>

- She sends a **Release of Information (ROI)** form to the patient to authorize the release of their medical records—even if the records are for the patient themselves.
- Once the signed ROI is received, the patient will be required to **pay applicable fees**.
- Final release is subject to **approval by the Medical Director, Dr. Soliman**.

🛑 **Important: Do NOT Send Session Notes to Patients**

Please be aware that under no circumstances should the full session note (progress note) be sent directly to the patient.

✅ **What You *Can* Send: The Visit Summary**

One of the MA's responsibilities is to send the Visit Summary, which is a simplified version of the session note. This includes basic information such as:

- **Date of visit**
- **Provider seen**
- **Treatment plan**
- **Medications prescribed**

✅ **You can extract the Visit Summary from AdvancedMD EHR once the provider has signed the note.**

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🔄 **Key Difference:**

Progress Note (Session Note)	**Visit Summary**
Detailed clinical documentation	**Basic overview of the visit**
For internal use & insurance only	**Safe to send to patient**
Never send to the patient	**Sent to patient after each signed session**

Important Note:

"In cases where a **deceased patient's relative** (e.g., a son or daughter) requests records, we **cannot release any information** unless there is a signed ROI from the patient on file authorizing that person to access their records.

Example: A patient passed away, and their son requested the medical records. Since there was no ROI on file authorizing release to the son, we were **unable to provide** the records."

✅ **If the Patient Calls for Their Diagnosis Code:**

1. **Verify their identity** before sharing any protected health information (PHI).
    - Ask for at least two identifiers, such as:
        - Full name
        - Date of birth
        - Phone number on file
2. **Once verified**, you may provide the diagnosis code verbally over the phone.
3. **Document the call** in the system, noting that the patient requested their diagnosis code and that identity was verified. ***(Leave a clinical message on Advanced-MD EHR)***

❌ **Do NOT give the diagnosis code or any medical information:**

1. To anyone other than the patient (unless a signed Release of Information (ROI) is on file).
2. If you're unable to verify the caller's identity using at least two identifiers.
3. If the patient is asking on behalf of someone else without proper authorization.

👉 **Reminder: Under HIPAA regulations, diagnosis codes and all related medical information are considered Protected Health Information (PHI). Always handle with care and confirm authorization before disclosing anything.**

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✅ An ROI (Release of Information) is required:

1. **When someone other than the patient wants to speak or receive information** on the patient's behalf.
    - Example: A parent, spouse, adult child, or friend calling in for details about care, billing, or appointments.
2. **When the patient (or their representative) requests medical records** to be released to themselves, an attorney, another provider, or any third party.
    - This includes session notes, diagnosis codes, progress notes, or any clinical documentation.

💡 **Trainer Tip:** ***Show them the Release of Information (ROI) form.***

📌 Document Requests – Keywords to Listen For

Just like with medical records, **any patient request for documents** (e.g., letters, forms, or special documentation) should be directed to the **Documentation Department**.

If a patient mentions any of the following **letters** or **forms**, you must **transfer the case to the Documentation Department**. These are handled only by the **Document Liaison** and should not be processed by intake, medical assistant, or frontline medical assistant staff.

You can either:

- Give the patient the **Document Services email**:
  📧 documentservices@advancedpsychiatryassociates.com
- Or email **Morgan Mory**, the Document Liaison, internally with the request details.

📩 Common Letters Patients May Request:

- Off Work Letters
- Back to Work Letters
- Modified Work Schedule Letters
- Disability Letters
- Medical Letters (Diagnosis + Medication List)
- Progress Letters (Summary of Progress + Treatment Plan)
- ESA (Emotional Support Animal) Letters
- Jury Duty Letters
- Surgery Clearance Letters (*excluding transgender-related requests*)

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- Job Clearance Letters
- Accommodation Letters
- Nexus Letters
- Causation Letters
- Excuse Letters
- Sick Notes
- Customized Letters

📝 **Common Forms to Listen For:**

- MHD (Mental Health Diversion) Forms: Treatment Plan & Progress Reports for Court
- IHSS (In-Home Supportive Services): Supervision & Program Health Forms
- FMLA Forms
- EDD Forms
- Disability Forms
- Accommodation Forms
- ESA Forms
- Conservatorship Forms (GC-335)
- Victim Compensation Forms
- LOA (Leave of Absence) Forms
- Disability Verification Forms
- Citizenship & Immigration Forms (N-648)
- Mental Health Assessment Questionnaire Forms

🔁 **Reminder:** If you hear any of these keywords from a patient, **DO NOT handle it yourself.** Forward the request as outlined to ensure proper processing.

📌 **Important Notes Regarding Paperwork & Documentation Requests**

- ❌ **DMV Paperwork**:
  Our office does **not** complete DMV-related forms. Patients should be referred to their **Primary Care Physician (PCP)** for any DMV requests.
- ❌ **Permanent Disability**:
  We do **not** support or process permanent disability claims. Our office follows a **firm return-to-work policy**, focusing on **recovery and remission**.
- 📄 **Document Requests**:
  We **only process documentation** (letters, forms, etc.) **after the patient has completed at least 2 sessions** — this includes **one intake appointment and one follow-up**.

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- ✅ **Immigration Paperwork (N-648)**:
  We process N-648 forms **under the following conditions**:
  • The patient must complete **at least one intake and one follow-up session with an MD**
  • **Work Comp** and **Blue Cross CalOptima Medi-Cal** insurances are **not accepted** for this request.

📅 Appointment Scheduling – Key Expectations

Scheduling appointments is **one of the most important responsibilities** in our facility — especially for **psychiatry appointments**, which are our main focus.

✅ General Guidelines:

- **Every patient must always have an upcoming appointment** on the calendar.
- If you are logged into the **queue** and speaking with a patient, you must check that they have a **future appointment scheduled**.
- If you are a **Medical Assistant**, it is your responsibility to ensure that **every patient seen today is scheduled for a follow-up appointment** approximately **one month later** — this helps us maintain continuity of care and prevent gaps in the provider's schedule.

💡 Medical Assistant Tip – Manage Your Schedule Wisely:

- **You are responsible for managing your provider's schedule.**
- Distribute appointments **evenly throughout the week** — avoid overbooking Mondays and leaving the rest of the week empty.
- **Thursdays are a high-priority day**: most of our providers are available that day, and they typically have the **highest number of openings**. Make sure Thursday slots are consistently filled.

🚫 Do NOT Email Providers for Refills After 7 Days Without an Appointment

Under no circumstances should you email a provider to request a **refill** or new medication if the patient's **last appointment was more than 7 days ago**, unless it's related to a **dosage adjustment**.

📌 <u>This applies if the patient is:</u>

- Requesting a **new prescription** (not in the EHR)
- Reporting **side effects** from medications
- Wants to **talk to the provider** about any medical concern
- Has not been seen in **more than 7 days**

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✅ Dosage Changes

If the patient is only asking for a **dosage change of an existing medication**, you **may email the provider**, even if it's been over 7 days. However, it is still best practice to **offer the patient an appointment**.

📅 Always Prioritize Scheduling Appointments

Whenever possible, **schedule a follow-up visit**. These are excellent opportunities to fill provider openings and ensure safe medication management. ⚠️ **If the patient just had an appointment** and their prescription wasn't sent, **email the Medical Assistant (MA)** — do **not** email the provider directly.

🚨 Urgent Care Protocol: Handling Patient Calls for Side Effects or Severe Symptoms

1- Initial Safety Check:

- If a patient calls reporting side effects or severe symptoms, always prioritize their safety.
- Advise the patient to **call 911**, go to the nearest **Emergency Room (ER)**, or visit an **Urgent Care center** immediately, especially if the symptoms are life-threatening or rapidly worsening.

2- If the Patient Declines Emergency Services:

- If the patient believes their issue can be managed through an appointment and **does not require emergency services**, proceed to scheduling.

3- Scheduling an Urgent Appointment:

- Check for **urgent appointment availability** with the patient's **regular provider**.
- If their provider has no immediate availability, **offer an urgent appointment with a different available provider in the meantime**.

- At the same time, **schedule a follow-up appointment after one month** with the **regular provider** to ensure continuity of care.

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🔄 Adjusting the Schedule for Urgent Appointments

As medical assistants, we play an important role in helping manage urgent patient needs while maintaining provider schedules.

1. **Helping with Urgent Cases:**
   - If a patient needs an **urgent appointment** and the schedule is full, check if there's another patient scheduled **whose medication refills are not yet due** and **who may not require an urgent visit**.
   - You may **call that patient** and kindly **offer** to move their appointment to the **next soonest available opening**.
     - **Important:** We **do not tell** the patient that we are replacing their slot with another patient.
     - Simply offer to **reschedule** and **only proceed if the patient agrees**.
     - If the patient declines, their appointment **remains unchanged**.

2. **Notifying the Provider:**
   - If any **same-day changes** are made to the provider's schedule, **send an email to the provider immediately** to notify them of the update.
   - This ensures they can **refresh their schedule view** and not miss the change, since providers are often too busy to check updates in Advanced-MD or other scheduling systems regularly.

If you cancel or reschedule an appointment that was scheduled for today or tomorrow, you must:

- ✅ **Post it in the "Openings" group on Microsoft Teams**
  This helps the team stay aware of last-minute availability and fill open slots quickly.
- **Additionally:**
- ✅ **If you schedule a new appointment (especially for a same-day or next-day slot), it's also helpful to post that in the group so others know the spot has been filled.**

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🩺 Provider Flexibility for Urgent Appointments

In urgent situations, providers may offer alternative ways to accommodate patients even when the schedule appears full. As medical assistants, it's important to know the following options:

1. **Provider-Initiated Solutions:**
   - A provider may choose to:
     - **See the patient between sessions** if time allows.
     - **Call the patient during a break** for a quick check-in.
     - **Instruct the medical assistant to book an overlapping (double-booked) appointment** if appropriate.
     - **Use a no-show slot** if one becomes available, to fit in an urgent case.
2. **Communication is Key:**
   - Always **confirm directly with the provider** before using any of these options.
   - Once the provider gives approval, proceed to schedule accordingly and inform the patient.
3. **Document and Notify:**
   - For same-day changes, **email the provider** to ensure they're aware and can refresh their schedule.

📅 Handling Cancellations During Appointment Confirmations

Whether you're **confirming a patient's appointment** or the **patient calls the office** to cancel, follow these steps if the cancellation is requested **without 48 business hours' notice**:

1. **Inform About the Cancellation Policy:**
   - If the patient is canceling **without 48 business hours' notice**, kindly inform them that a **$100 late cancellation fee** will apply.
2. **Encourage the Patient to Keep the Appointment:**
   - Remind them that the session is **only 10 to 15 minutes over the phone**, and it's important for:
     - **Medication refills**
     - **Continuity of care**
     - **Avoiding the late cancellation fee**
3. **Offer a Telehealth Option (If Applicable):**
   - If the patient has an **in-person appointment**, offer to **switch it to telehealth** if that helps them keep the visit.
   - **Always inform the provider** of the session type change, so they can adjust accordingly.

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📞 Appointment Reminders – Managing Patient Preferences

If a patient complains about receiving too many reminders or asks to adjust them, you can update their messaging preferences directly in Advanced-MD PM.

✅ You Have Two Ways to Modify Reminder Settings:

1. **Through the Appointment Window:**
   - Open the scheduled appointment.
   - Go to the Messaging Preferences section.
   - Adjust how many reminders the patient receives and through which method (text, email, phone).
2. **Through the Patient's Chart:**
   - Open the patient's chart in Advanced-MD PM.
   - Navigate to Messaging Preferences.
   - Make any necessary changes based on the patient's request.

🧑‍💻 Patients can also change these settings themselves by logging into their Patient Portal.

📜 What is the CURES System?

CURES stands for **Controlled Substance Utilization Review and Evaluation System**.

It is **California's Prescription Drug Monitoring Program (PDMP)**, designed to track the prescribing and dispensing of **Schedule II, III, and IV controlled substances**.

Purpose of CURES:

- To help **prevent prescription drug abuse**.
- To give providers a **complete view of a patient's-controlled substance history**.
- To ensure that patients are not receiving **duplicate or dangerous prescriptions** from multiple providers or pharmacies.

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What Should Medical Assistants Do?

1. **Documentation Task:**
    - If you receive any documents related to the patient's CURES report (e.g., screenshots, provider notes, or pharmacy alerts), you must:
        - **Upload them into the patient's chart** in **Advanced-MD**, under the **Documents** section.

Responding to Faxes – Refill Requests and Communication Guidelines

When responding to faxes-especially from pharmacies-you must include all relevant information and clearly explain:

1. **The reason for the fax request** (e.g., medication refill, clarification needed, etc.).
2. **The actions you took** from your side before sending the fax back.

Example – Refill Request from Pharmacy:

- If a pharmacy is requesting a refill for **"[Medication Name]"**, first check the patient's last appointment date.
    - Example: "The patient's last appointment was on [Appointment Date]."
- You must then:
    - **Call the patient** or **call the pharmacy** to confirm whether the patient has enough medication to last until their next scheduled appointment with **[Provider Name] on [Upcoming Appointment Date]**.
    - Confirm the patient is **not experiencing any issues with the medication**.
    - If the patient **does have concerns or is running out of medication**, **schedule a sooner appointment** with the provider.

Note:

"Every fax is an opportunity to engage with the patient and potentially schedule a follow-up or earlier visit. Use these opportunities wisely.

Always document your communication and follow-up clearly in the fax response and in the patient's chart.

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📂 Types of Faxes and What to Do

✅ Upload to Chart

These faxes do not require provider action, but they must be uploaded to the patient's chart for documentation:

- Injection notifications
- Medical records and referrals
- RFA (Request for Authorization) approvals/denials
- PA (Prior Authorization) approvals/denials
- Lab results or EKG results.

📩 Refer to the Provider

These faxes require provider input or decision-making. Send these to the provider directly:

- Alternative requests (when **not** asking for a PA)
- Clarification requests (when something is **not clear in the EHR**)
- Requests to **add diagnosis codes**
- Provider response forms
- Notification of possible drug interactions

⚠️ Quick Definitions

- **Contraindication**: A **reason to NOT prescribe or use a medication** due to potential harm.
  Example: A patient with a severe allergy to penicillin should not be prescribed it.
- **Interaction**: A situation where **two or more medications may affect each other** when taken together, potentially causing side effects or reducing effectiveness.
  Example: Mixing certain antidepressants with migraine medication.

📑 Pharmacy Alert Example – Dual Prescriptions (Opioids + Benzodiazepines)

If you receive a **fax alert from the pharmacy** stating that the patient is taking **benzodiazepines and opioids prescribed from different facilities**, follow these steps:

1. **Notify the provider immediately.**
2. **Send an internal email** to the provider with:
   - The **fax alert attached**.
   - A **brief summary of the issue**, such as:

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FYI:

“Pharmacy alerted us that the patient is receiving opioids and benzodiazepines from different providers. Please review attached.”

3. **Upload the fax to the patient's chart** under the **Documents** section for recordkeeping.

✅ This is important for safety and to ensure the provider is fully informed before continuing or adjusting care.

📜 **Charge Slips, CPT Codes, and Billing Workflow – What MAs Need to Know**

After each session, **the provider completes and signs two important things**:

1. **The Progress Note** – A clinical summary of the session.
2. **The Charge Slip** – A billing summary that includes **CPT codes** (Current Procedural Terminology codes), which are used to bill insurance for the services provided.

🏷️ **What Are CPT Codes?**

In the U.S., **everything is coded** in healthcare for insurance purposes:

- **ICD-10** = Diagnosis codes (e.g., F32.1 = Major depressive disorder, moderate)
- **CPT** = Billing codes for services provided (e.g., therapy, intake, med management)

These CPT codes are located **at the bottom of the progress note** or in the **narrative PDF file** that is generated from **Advanced-MD (our EHR system)**.

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📄 Common Psychiatry CPT Codes You'll See

CPT Code	Description
90792th	Initial psychiatric evaluation (telehealth)
99214th	Follow-up medication management (telehealth)
90834	45-minute individual therapy session
90833	**Add-on code** for therapy with a medication visit (used **with 99214**)

🔁 The **billing team uses the charge slips** to **submit claims to insurance** so the practice can get paid for the session.

✅ Important for MAs

- You can check if the charge slip is signed or not by going to the Provider List View in Advanced-MD PM (Practice Management).
- You do NOT need to add billing codes to the day sheet anymore.
- However, you have to be able to locate CPT codes.

📋 Understanding PA vs. RFA – What MAs Need to Know

🔁 PA = Prior Authorization

- **Used for:** Patients with **commercial or government insurance** (e.g., Anthem, Aetna, Medi-Cal, Medicare, etc.)
- **Not used for: Workers' compensation** or **Kaiser** patients.
- **Purpose:** Insurance doesn't want to cover the medication automatically. We have to **justify medical necessity**.

🧠 Think of it like this:

Insurance is saying: *"Why should we pay for this medication?"*
We respond through a **PA (Prior Authorization)** via **CoverMyMeds**, answering medical questions to prove the patient needs it.

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🚨 **Common Scenarios from Patients:**

1. **"I couldn't pick up my medication. I don't know why."**
2. **"The pharmacy said the medication needs a PA."**

What You Should Do:

✅ Tell the patient: *"Let me check with the pharmacy and I'll follow up."*
📞 **Call the pharmacy** and ask **why the medication wasn't picked up**.

- If it requires a PA, **get the following insurance details from the pharmacy** (usually found on the patient's insurance card):

Required Info for PA	Where to Find
RX BIN	Insurance card
RX PCN	Insurance card
RX Group	Insurance card
Member ID / Beneficiary ID	Insurance card

📬 **You'll need this to submit a PA manually** if there's no request yet.

📠 **Pharmacy Fax – PA Request with Key**

Sometimes, you'll receive a **fax from the pharmacy** that includes a **"Key"** for CoverMyMeds.

✅ Before starting any PA:

- **Make sure the patient's insurance is NOT workers' comp or Kaiser.**
  If it's commercial or government insurance → you can proceed.

💻 **In CoverMyMeds – Two Options:**

Option	When to Use	What You Need
New Request	You're starting a PA from scratch	BIN, PCN, Group, Member ID
Enter Key	Pharmacy has already initiated the PA	Key from fax + patient info

📌 Entering the **Key** is faster because the pharmacy already opened the case.

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📋 Request for Authorization (RFA)

💡 What is an RFA?

An **RFA (Request for Authorization)** is a formal request submitted to insurance or workers' compensation carriers to authorize treatment or medication for a patient.

In many cases (especially with **Kaiser** or **Workers' Comp** patients), the patient arrives with an **initial referral or authorization** for their first session. However, **subsequent sessions or treatments require us to submit an RFA** to continue care.

🧠 Types of RFAs

1. **Session RFAs** – for therapy or psychiatric treatment sessions
2. **Medication RFAs** – for medication prescriptions and refills

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✅ Required Information for ALL RFAs

To complete an RFA, you must gather the following 4 key pieces of information:

1. **Claim Number**
2. **DOI (Date of Injury)**
3. **Fax Number** of the Claims Administrator or Adjuster
   You can usually find these keys in the **Initial Referral or Authorization Document** (found in Advanced-MD EHR), If you're unable to find the fax number, you can call the adjuster to request it directly.

📝 Additional Info for Each Type

🔷 Medication RFA Must Include:

- **Diagnosis and diagnosis codes**
- **Medication name**
- **Quantity (Qty)**
- **Number of refills**

🔷 Session RFA Must Include:

- **CPT/Billing codes**
- **Diagnosis and diagnosis codes**

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🖋️ Finalizing and Sending the RFA

After completing the RFA form:

1. **Have it signed** by the provider
2. **Merge** the RFA form with the **most recent session note using PDFfiller.**
3. **Fax** the full packet to the **claims administrator or adjuster**

✅ This applies to both **session** and **medication** RFAs.

💊 Medication Consent Form – What MAs Need to Know

- When the **provider prescribes a new medication**, they may:
  - **Ask you directly** to send the Medication Consent Form to the patient, or
  - Let you know **after prescribing**, and you must send it.

📝 Steps:

1. **Send the Medication Consent Form via PDF Filler** to the patient.
2. **Wait for the signed form** to be returned.
3. **Upload the signed form to the patient's chart** in Advanced-MD under **Documents**.

🔍 What's in the Form (Very Briefly):

- Explains the **purpose, risks, and responsibilities** of taking psychiatric medications.
- Covers **side effects**, **controlled substances**, and **urine drug screens (UDS)**.
- Patient agrees **not to misuse medications** or obtain them from other providers.
- Provider may **stop the medication** if there are issues like misuse, lack of benefit, or legal violations.

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🧪 Labs & EKG Orders – MA Responsibilities

🔬 Lab Orders (Blood Work, etc.)

We are partnered with **Quest Diagnostics** and **LabCorp**.

✅ Once the provider **signs the lab order** in the EHR:

- It is **automatically sent** to the lab selected by the provider in the system.
- The provider will **email you** to notify the patient.

Your steps:

1. **Call the patient** and inform them that labs have been ordered.
2. If the patient is going to **Quest or LabCorp**:
    - Tell them the order is already in the lab's system.
    - They can walk in or make an appointment at the **nearest location**.
    - If requested, you may **download the lab order from the EHR and send it to the patient**.
3. If the patient is going to **a different lab** (e.g., **Sutter, UC Davis**):
    - Download the lab slip from the EHR.
    - **Use PDF Filler to edit it:**
        - Remove any Quest/LabCorp branding.
        - Add our office letterhead.
        - Make sure the **diagnosis codes and provider's signature** are included.
    - Send the updated slip to the patient.

❤️ EKG Orders

EKGs must be completed with the **patient's Primary Care Physician (PCP)**.

Your steps:

1. Download the **Clinical Requisition Form** from the EHR.
2. Send it to the patient with instructions to:
    - Take it to their **PCP** to complete the EKG.
    - Have their **PCP fax the results to us**.

📫 If the patient gets the EKG results themselves, ask them to **send the results to us directly** via email or fax.

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📌 General Office Policies & Patient Info

🧑‍⚕️ Patient Eligibility

- We accept patients who are **14 years old and above**.
- We **do not provide permanent disability evaluations or paperwork**.

📜 Insurance & Fees

- Patients with **Workers' Compensation** or **Blue Cross CalOptima Medi-Cal**:
  - Are **not responsible** for **no-show fees**, **cancellation fees**, or **documentation requests** (e.g., letters or forms).
- We **do not accept cash** payments in the office.
- If a patient wants to **schedule two sessions in one day**:
  - Insurance will **only cover one**.
  - The patient can attend the second **only if they pay out of pocket**.

💊 Medication Policy

- We **do not prescribe Suboxone (buprenorphine)**.
  - While providers are licensed, they **choose not to prescribe** it to avoid misuse and drug-seeking behavior.

⏰ Grace Periods

- **Psychiatry Intake Sessions:** 10-minute grace period.
- **Follow-Up Sessions:** 5-minute grace period.

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